

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29075**
3105

FILED SEP 15 1951

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Olivette		c. LENGTH OF STAY (In this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Olivette		4380	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9307 Olive St. Rd.				d. STREET ADDRESS (If rural, give location) 9307 Olive St. Rd.			
3. NAME OF DECEASED (Type or Print) Kathrine		a. (First)		b. (Middle) Beckmann		c. (Last)	
4. DATE OF DEATH Sept. 6 1951		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 2 1873	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 0		IF UNDER 1 YEAR Days 4		IF UNDER 1 YEAR Hours 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Fayetteville Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Adolph Kreikemeier		13b. MOTHER'S MAIDEN NAME Gertrude Hartlege		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EMIL BECKMANN 9307 OLIVE ST RD			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary Thrombosis ANTECEDENT CAUSES Hypertension Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) _____ DUE TO (b) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from February 13, 1951, until Sept 6, 1951 , that I last saw the deceased alive on Sept 3, 1951 , and that death occurred at 2:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. H. Richter (Print or Type)		23b. ADDRESS 1357 Central		23c. DATE SIGNED Sept 6, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-10-51		24c. NAME OF CEMETERY OR CREMATORY CALVARY Cem		24d. LOCATION (City, town, or county) (State) ST LOUIS	
DATE REC'D BY LOCAL REG. 9-9-51		REGISTRAR'S SIGNATURE Richard A. Dorn		25. FUNERAL DIRECTOR'S SIGNATURE MORTMANN F. HOME		ADDRESS 9222 LACKLAND MO	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

P. C. Ostmann

Signed
Student Embalmer

Licensed Embalmer No. 3478

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.